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	Attorney Docket Number NEPT- BMS1			
DECLARATION FOR UTILITY OR	First Named Inventor HARMON, J.			
DESIGN PATENT APPLICATION	COMPLETE IF KNOWN			
(37 CFR 1.63)	Application Number			
Declaration Submitted or Submitted after Initial with Initial Filing Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date July 9, 2001			

in the Filmig	required)	Examiner Name	ame			
As a below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
Biomimetric Sonar System and Method						
	(Title of th	e Invention)				
the specification of which						
is attached hereto						
OR		and United Offi	otaa Annliaatian N	Number or PCT International		
was filed on (MM/DD/YYYY)		as United Sta	ales Application i	diffice of For international		
Application Number	and was a	mended on (MM/DD/YY)	m	(if applicable).		
t hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
amended by any amendment spec	difically referred to above).				
I acknowledge the duty to disclose in-part applications, material informer PCT international filing date of the	nation which became av	aliable between the filing	defined in 37 CFF date of the prior	R 1.56, including for continuation- application and the national or		
I hereby claim foreign priority ben	efits under 35 U.S.C. 11	9(a)-(d) or (f), or 365(b)	of any foreign ap	oplication(s) for patent, inventor's		
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application on which priority is clair Prior Foreign Application	med.	Foreign Filing Date	Priority	Certified Copy Attached?		
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO		
			片片			
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						

[Page 1 of 2]

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR :	A petition has t	peen filed for this una	signed inventor	
Given Name (first and middle [if any])	7-11 1	mily Name Surname	RMON	
Inventor's Signature Seeker & an	nay.		Date 6/24/01	
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41-495 KALAN Mailing Address P. 0, 13 7 10	MANAOLE +	Awy		
City WAIMANALO	State +	96195 ZIP 16334	Country USA	
NAME OF SECOND INVENTOR:	A petition has be	en filed for this unsig	gned inventor	
Given Name (first and middle [if any]) Whit low		nily Name Au		
Inventor's Signature Shifts a			Date 6/26/01	
Residence: City Kailua	State HI	USA Country	Citizenship USA	
Residence: City Kailua Mailing Address P.O. Box 1106				
city Karlua	State HI	ZIP 96734	Country USA	
Additional inventors are being named on the 1 su	ipplemental Additional I	nventor(s) sheet(s) PTO	/SB/02A attached hereto.	

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AHY DET ADDITIONAL INVENTOR(S)

Nept-BMS1 Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])	Given Name (first and middle [if any]) Family Name or Surname				name
PAUL EUGENE					<u>.</u> L
Inventor's Signature				JUNE 26 2001 Date	
Residence: City KAILUA	State #1	Co	ountry USA	Ci	tizenship USA
Mailing Address 940 M AUNA W	ILI C	irc	LE KAILUA	H	1 96734
Mailing Address					
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Name of Additional Joint Inventor, if an	y;		A petition has been filed fo	or this	unsigned inventor
Given Name (first and middle [if any]))		Family Name	or Su	mame
Herbert, Lawrence			Roitble	1	
Inventor's Affect Mu	N	5			Date 7/6/0/
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Mailing Address					
city Honolulu	State Hi	.	ZIP 96825	Coun	try USA
Name of Additional Joint Inventor, if any:					
Given Name (first and middle [if any]) Family Name or Surname			Sumame		
Inventor's Signature					Date
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